



Armstrong International—Humidification Group

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### Evapack Installation Details Form (IDF)

We ask that this form accompanies every Evapack request. This does not pertain to repair parts purchase orders.

REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

PO# \_\_\_\_\_ JOB NAME: \_\_\_\_\_

Point of Order (Sold To): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Rep Firm: \_\_\_\_\_ (eg: ABC Mechanical)

Point of Installation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Rep Firm: \_\_\_\_\_ (eg: Mercy Hospital)

Point of Specification: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Rep Firm: \_\_\_\_\_ (eg: DEF Consulting Engineers)

Other Influence: \_\_\_\_\_  
(eg: point of installation recommended product to point of specification)

Number of Evapacks Required: \_\_\_\_\_

Direct Water (DW) or Recirculated Water (RW) configuration: \_\_\_\_\_

Water Supply is:  R.O.  D.I.  TAP Water Supply Pressure at Humidifier: \_\_\_\_\_

Left or Right handed connection: \_\_\_\_\_

#### Air Handler Unit (AHU) Application:

- a) AHU CFM: \_\_\_\_\_ Elevation: \_\_\_\_\_
- b) AHU Type: Economizer: \_\_\_\_\_ Constant Volume: \_\_\_\_\_ VAV: \_\_\_\_\_ Makeup \_\_\_\_\_
- c) AHU Dimensions: \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_
- d) Preheat Available? \_\_\_\_\_
- e) Fog Chamber Location: \_\_\_\_\_
- f) Minimum % of Outside Air: \_\_\_\_\_ Maximum % of Outside Air: \_\_\_\_\_
- g) Desired Space DB/WB Set Point: \_\_\_\_\_ %
- h) Entering Air DB/WB Conditions (into AHU) \_\_\_\_\_
- i) Leaving Air DB/WB Conditions (supply form AHU) \_\_\_\_\_
- j) AHU Control is:  Discharge Temp.  Enthalpy  Mixed Air  Other